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Drs Gasman and Varon Respond

To the Editor: We thank Drs Shusterman, Liu, and Kizer for their useful comments. We agree that recent data suggest that COHb levels as low as 0.10 (10%) can be symptomatic and may account for a considerable number of ambulatory presentations. Regarding the mechanism by which carbon monoxide exerts its toxic effects, certainly the primary role is through impaired oxygen delivery due to the higher affinity of carbon monoxide for hemoglobin. We agree that no data suggest that the ultimate outcome would be improved through the use of hyperbaric oxygen; after all, most patients recover completely. Seriously ill patients would recover more rapidly if hyperbaric oxygen were available and employed, however.

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Reserpine as Monotherapy for Mild Hypertension?

To the Editor: Dr Pérez-Stable has done an excellent job of reviewing the management of mild hypertension in his article in the January 1991 issue.[1] There was no mention, however, of reserpine, which remains a very useful and cost-effective antihypertensive, albeit one no longer in style. It has been well established that reserpine is highly effective for mild to moderate hypertension and that its side effects compare favorably with other antihypertensives.[2] The oft-repeated warning that reserpine be avoided because of the excessive danger of depression has been put to rest by several studies.[2,3] In fact, reserpine has even less adverse effects and remains effective when used in doses of 0.125 mg daily as shown in the VA Cooperative Study.[4]

Although Dr Pérez-Stable states that "the cost of daily drug therapy need not be a predominant determinant of choosing a regimen," this may not be convincing to the patient who has a choice between reserpine, which costs less than $15 per year (total annual cost of both reserpine and thiazide should be less than $50), and angiotensin-converting enzyme inhibitors and calcium entry blockers, which may cost as much as $700 per year. Dr Pérez-Stable does mention that compliance may be related in part to the cost of medication but then unfortunately omits the least expensive antihypertensive available. Of course, it is of great benefit to clinicians to have a large number of new antihypertensives available, but that should not preclude the consideration of using an older, less fashionable drug, particularly when it has been shown to be highly effective in carefully designed prospective double-blind studies.[2] If, in addition, the medication has the special advantage of being very inexpensive, requires only one pill per day, and has a very low incidence of side effects,[5,6] I should think it (reserpine) deserves to be mentioned, even if briefly, in an otherwise excellent review article.

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Dr Pérez-Stable Responds

To the Editor: I appreciate the comments made by Dr Feigenbaum, which are worth noting. Reserpine is an inexpensive medication with limited adverse affects when used in low doses. I concur that the risk of depression has been overstated. Reserpine, however, is not included in the Joint National Committee on Detection, Evaluation and Treatment of Hypertension's list of first-line pharmacologic treatment. Used as monotherapy, reserpine is not as effective as the four types of medications that I discussed, and, therefore, I excluded it from the review. Similarly, I did not discuss other groups of antihypertensives such as α_1 blockers or central adrenergic inhibitors that may occasionally be effective as monotherapy. In practice, I have found reserpine to cause fatigue and nasal congestion, which limited its usefulness. Although in combination with a thiazide diuretic, reserpine is useful, I doubt that it will ever regain a premier position in the antihypertensive armamentarium.

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